

ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-second Legislature – Second Regular Session

MINUTES RECEIVED  
CHIEF CLERK'S OFFICE

2-17-16

**COMMITTEE ON INSURANCE**

Report of Regular Meeting  
Wednesday, February 17, 2016  
House Hearing Room 4 – 10:00 A.M.

**Convened** 10:07 A.M.

**Recessed**

**Reconvened**

**Adjourned** 10:23 A.M.

**Members Present**

Mr. Coleman  
Ms. Larkin  
Mr. Lovas  
Ms. McCune Davis  
Ms. Otondo  
Mr. Robson  
Mr. Livingston, Vice-Chairman  
Ms. Fann, Chairman

**Members Absent**

**Agenda**

Original Agenda – Attachment 1

**Request to Speak**

Report – Attachment 2

**Presentations**

**Name**

**Organization**

**Attachments (Handouts)**

**Committee Action**

**Bill**

**Action**

**Vote**

**Attachments**

(Summaries,  
Amendments, Roll Call,  
Attendance)

HB2553

DP

8-0-0-0

3, 4

HB2692

DPA S/E

8-0-0-0

5, 6, 7

Committee Attendance

8



Adrian Luth, Chairman Assistant

February 17, 2016

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

CONV: 10:07AM  
Adj: 10:23AM

REVISED - 02/11/16

REVISED - 02/11/16

REVISED - 02/11/16

ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-second Legislature - Second Regular Session

REGULAR MEETING AGENDA

**COMMITTEE ON INSURANCE**

DATE Wednesday, February 17, 2016

ROOM HHR 4

TIME 10:00 A.M. NOTE TIME  
CHANGE  
9:00 A.M.

Members:

Mr. Coleman  
Mr. Larkin  
Mr. Lovas

Ms. McCune Davis  
Ms. Otondo  
Mr. Robson

Mr. Livingston, Vice-Chairman  
Ms. Fann, Chairman

**Bills**

**Short Title**

**Strike Everything Title**

HB2553

DP

insurance; risk retention groups  
(Fann)

8-0-0-0

INS, RULES

**ADDENDUM #1 - 02/11/16**

HB2692

DPAS/E

insurance; pharmacy benefits; audits; pricing  
(Livingston)

8-0-0-0

INS, RULES

**ORDER OF BILLS TO BE SET BY THE CHAIRMAN**

AL  
2/11/16

People with disabilities may request reasonable accommodations such as interpreters, alternative formats, or assistance with physical accessibility. If you require accommodations, please contact the Chief Clerk's Office at (602) 926-3032, TDD (602) 926-3241.

# Information Registered on the Request to Speak System

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*House Insurance (2/17/2016)*

## **HB2553, insurance; risk retention groups**

### **Testified in support:**

J. Michael Low, Attorney, Arizona Captive Insurance Association

### **Support:**

Stephen Briggs, representing self; Kerry L. Hayden, FARMERS INSURANCE GROUP OF COMPANIES

### **Neutral:**

David Childers, PROPERTY CASUALTY INSURERS ASSOC OF AMERICA

### **All Comments:**

David Childers, PROPERTY CASUALTY INSURERS ASSOC OF AMERICA: The PCI has no objection to this accreditation legislation. Thank you. David Childers; Stephen Briggs, Self: AZ DOI supports

## **HB2692, insurance; pharmacy benefits; audits; pricing**

### **Support:**

Erika Martinez, representing self; Tara Plese, AZ Alliance For Community Health Centers; Kristen Bollini, AZ PHARMACY ALLIANCE; Kelly Ridgway, AZ PHARMACY ALLIANCE; Erin Burk, representing self

### **Neutral:**

Dianne McCallister, EXPRESS SCRIPTS HOLDING CO; Dianne McCallister, EXPRESS SCRIPTS HOLDING CO; Jay Kaprosy, CVS HEALTH

### **Oppose:**

Garrick Taylor, Arizona Chamber Of Commerce And Industry

### **All Comments:**

Dianne McCallister, EXPRESS SCRIPTS HOLDING CO: We are neutral on this bill IF the strike-everything amendment is adopted.



# HOUSE OF REPRESENTATIVES

HB 2553

insurance; risk retention groups

Prime Sponsor: Representative Fann, LD 1

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X Committee on Insurance

Caucus and COW

House Engrossed

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## OVERVIEW

HB 2553 establishes the rules and regulations for state-licensed risk retention groups.

## PROVISIONS

1. Requires the board of directors (BOD) of a risk retention group to have a majority of independent board directors.
2. Stipulates if a risk retention group is a reciprocal risk retention group:
  - a. The attorney-in-fact must adhere to the independence of operation and governance standards, and
  - b. Services providers must contract with the group and not the attorney-in-fact.
3. Specifies the BOD must affirmatively determine the board director has no material relationship with the risk retention group in order for the director to qualify as independent.
  - a. The BOD must annually inform its domestic regulator of the determination.
4. Asserts any person that is an owner of or a subscriber in the group, or is an officer, director or employee of an owner is considered independent unless some other position constitutes as a material relationship.
5. States that a material service provider's contract with the group is limited to five years.
  - a. Any contract or renewal requires the majority approval of the independent board directors.
6. Authorizes the BOD to cancel any service provider, audit or actuarial contracts at any time for cause after providing adequate notice pursuant to the contract.
7. Deems the service provider contract material if the amount is to be paid for that contract is greater than or equal to 5% of the group's annual gross written premium or 2% of its surplus, whichever is greater.
8. Outlines the process to enter into a service provider contract that is a material relationship.
9. Instructs the BOD to adopt a written policy in the plan of operation as approved by the board that prescribes the BOD's duties.
10. Requires each group to have an audit committee composed of at least three independent board members.
11. Allows a non-independent board member to participate in the committee if invited by a member but is not considered a member of the committee.

12. Requires the audit committee to have a written charter that defines the committee's purpose and provides a list of minimum duties.
13. Authorizes the director of the Department of Insurance (DOI) to waive the requirement to establish an audit committee provided the group shows that it is impracticable and the BOD is able to fulfill the requirements of the audit committee.
14. Directs the BOD to adopt and disclose governance standards and make the information available by electronic means and available to members and insureds on quest.
  - a. Outlines the contents to be included in the information.
15. Instructs the BOD to adopt and disclose a code of business conduct and ethics for board directors, officer and employees, and disclosure of any waivers to the code under specified reasons.
16. Requires the captive manager, president or chief executive officer of the group to immediately notify the domestic regulator, in writing, of any material noncompliance with the group's governance standards.
17. Defines pertinent terms.
18. Makes technical changes.

**CURRENT LAW**

Statute defines *risk retention group* as a corporation or other limited liability association formed in any state whose primary activity consists of assuming and spreading all or any portion of the liability of its group members.

Pursuant to A.R.S. § 20-2402 a risk retention group who is licensed and chartered in this state must submit an acceptable feasibility study to DOI before offering any kind of liability insurance in this state or in any other state. Any application for a risk retention group received by DOI must be provided to the National Association of Insurance Commissioners.

Pursuant to A.R.S. § 20-2403 before offering insurance in this state, risk retention groups not chartered and licensed in Arizona must provide a statement identifying the state or states in which the group is chartered and licensed as a liability insurance company and make available any required information and documentation to DOI. Additionally, the risk retention group must provide a statement of registration which designates the director as its agent for the purpose of receiving service of legal documents.

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ INSURANCE \_\_\_\_\_ BILL NO. 2553

DATE February 17, 2016 MOTION: PP

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Coleman		X			
Mr. Larkin		X			
Mr. Lovas		X			
Ms. McCune Davis		X			
Ms. Otondo		X			
Mr. Robson		X			
Mr. Livingston, Vice-Chairman		X			
Ms. Fann, Chairman		X			
		8	0	0	0

APPROVED:

Karen Fann, Chairman  
KAREN FANN, Chairman  
DAVID LIVINGSTON, Vice-Chairman

Committee Secretary  
COMMITTEE SECRETARY

ATTACHMENT 4



# HOUSE OF REPRESENTATIVES

HB 2692

insurance; pharmacy benefits; audits; pricing  
Prime Sponsor: Representative Livingston, LD 22

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X Committee on Insurance

Caucus and COW

House Engrossed

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## **STRIKE-EVERYTHING SUMMARY**

The strike-everything amendment to HB 2692 establishes procedures and reporting requirements for pharmacy audits.

## **PROVISIONS**

1. Requires an auditing entity who is conducting an in-pharmacy audit to:
  - a. Give a pharmacy at least 14 days' written notice,
  - b. Not conduct an audit during the first five days of the month unless the pharmacy otherwise consents.
  - c. Provide the pharmacy a list of items, as identified by prescription number or date range, to be audited.
  - d. Limit the audit to claims with an adjudicated date of less than two years.
2. Specifies an in-pharmacy or desktop audit which involves clinical or professional judgment must be conducted by or in consultation with a pharmacist.
3. Allows a pharmacy to use hospital or other authorized practitioner records to validate the pharmacy records.
4. Requires each pharmacy audit to be under the same standards and parameters as other similarly situated pharmacies in this state.
5. Requires an auditing entity who is conducting an in-pharmacy or desktop audit to comply with the following:
  - a. The entity must base a finding of overpayment or underpayment on the actual overpayment or underpayment, unless directed by federal or state law.
  - b. The entity is prohibited from recouping monies for any clerical errors identified in the audit.
  - c. The dispensing fee amount cannot be included in any finding of an overpayment unless certain criteria are met.
6. Prohibits interest from accruing during the audit period.
7. Directs the auditing entity to:
  - a. Deliver a preliminary audit report to the pharmacy within 60 days of completion.
  - b. Establish and make available to network pharmacies a written appeals process.
    - i. The process must allow a pharmacy to appeal an unfavorable audit report at least 30 days from the delivery of the final audit report.

- c. Provide a telephone number for which a pharmacy could contact the individual responsible for processing appeals.
  - d. Deliver a final audit report to the pharmacy within 90 days after receiving the preliminary audit report or final appeal.
- 8. Authorizes the pharmacy to provide documentation to address any discrepancies in the audit at least 30 days from receiving the report.
- 9. Requires all contracts between a pharmacy benefits manager and a pharmacy must include a process to appeal, investigate and resolve disputes regarding final audit findings.
- 10. Prevents chargebacks, recoupment or other penalties from being assessed until the appeals process has been completed and the final audit report has been issued.
- 11. Asserts audit information cannot be shared, unless required by federal or state law.
  - a. Allows auditors access to previous reports that were conducted by that auditor.
- 12. Applies the auditing requirements to audits conducted of pharmacies located in this state.
- 13. States the auditing requirements do not apply to:
  - a. Claims reviews that are initiated within three business days after transmission of a claim which no chargeback or recoupment is demanded, and
  - b. Audits conducted due to suspicion of fraudulent activity.
    - i. Audits must be documented and made available on request.
- 14. Contains an applicability clause.



PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2692

(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Title 20, Arizona Revised Statutes, is amended by adding  
3 chapter 25, to read:

4 CHAPTER 25

5 PHARMACY BENEFITS

6 ARTICLE 1. AUDITING

7 20-3321. Definitions

8 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "AUDITING ENTITY" MEANS ANY PERSON, COMPANY, GROUP OR PLAN WORKING  
10 ON BEHALF OF OR PURSUANT TO A CONTRACT WITH AN INSURER OR PHARMACY BENEFITS  
11 MANAGER FOR THE PURPOSES OF AUDITING PHARMACY DRUG CLAIMS ADJUDICATED BY  
12 PHARMACIES.

13 2. "CLERICAL ERRORS" MEANS A MINOR RECORDKEEPING OR TRANSCRIBING  
14 ERROR, INCLUDING TYPOGRAPHICAL ERRORS, SCRIVNER'S ERRORS OR COMPUTER ERRORS,  
15 IN A REQUIRED ELECTRONIC OR HARD COPY DOCUMENT, RECORD OR PRESCRIPTION ORDER  
16 IF BOTH OF THE FOLLOWING CRITERIA ARE MET:

17 (a) THE ERROR DID NOT RESULT IN ACTUAL FINANCIAL HARM TO AN ENTITY.

18 (b) THE ERROR DID NOT INVOLVE DISPENSING AN INCORRECT DOSE OR TYPE OF  
19 MEDICATION OR DISPENSING A PRESCRIPTION DRUG TO THE WRONG PERSON.

20 3. "DESKTOP AUDIT" MEANS AN AUDIT THAT IS CONDUCTED BY AN AUDITING  
21 ENTITY AT A LOCATION OTHER THAN THE LOCATION OF THE PHARMACIST OR PHARMACY.  
22 DESKTOP AUDIT INCLUDES AN AUDIT THAT IS PERFORMED AT THE OFFICES OF THE  
23 AUDITING ENTITY DURING WHICH THE PHARMACIST OR PHARMACY PROVIDES REQUESTED

1 DOCUMENTS FOR REVIEW BY HARD COPY OR BY MICROFICHE, DISK OR OTHER ELECTRONIC  
2 MEDIA.

3 4. "IN-PHARMACY AUDIT" MEANS AN AUDIT THAT IS CONDUCTED BY AN AUDITING  
4 ENTITY AT THE PHYSICAL BUSINESS ADDRESS OF THE PHARMACY WHERE THE CLAIM WAS  
5 ADJUDICATED.

6 5. "INSURER" MEANS A DISABILITY INSURER, GROUP DISABILITY INSURER,  
7 BLANKET DISABILITY INSURER, HEALTH CARE SERVICES ORGANIZATION, HOSPITAL  
8 SERVICE CORPORATION, MEDICAL SERVICE CORPORATION OR HOSPITAL AND MEDICAL  
9 SERVICE CORPORATION.

10 6. "PHARMACIST" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-1901.

11 7. "PHARMACY" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-1901.

12 8. "PHARMACY BENEFITS MANAGER" MEANS A PERSON, BUSINESS OR OTHER  
13 ENTITY THAT, PURSUANT TO A CONTRACT OR UNDER AN EMPLOYMENT RELATIONSHIP WITH  
14 A CARRIER OR OTHER THIRD-PARTY PAYER, EITHER DIRECTLY OR THROUGH AN  
15 INTERMEDIARY MANAGES THE PRESCRIPTION DRUG COVERAGE PROVIDED BY THE CARRIER  
16 OR OTHER THIRD-PARTY PAYER, INCLUDING THE PROCESSING AND PAYMENT OF CLAIMS  
17 FOR PRESCRIPTION DRUGS, THE PERFORMANCE OF DRUG UTILIZATION REVIEW, THE  
18 PROCESSING OF DRUG PRIOR AUTHORIZATION REQUESTS, THE ADJUDICATION OF APPEALS  
19 OR GRIEVANCES RELATED TO PRESCRIPTION DRUG COVERAGE, CONTRACTING WITH NETWORK  
20 PHARMACIES AND CONTROLLING THE COST OF COVERED PRESCRIPTION DRUGS.

21 20-3322. Audit procedures; interest prohibition

22 A. THE FOLLOWING PROCEDURES APPLY TO AN AUDIT CONDUCTED BY AN AUDITING  
23 ENTITY:

24 1. WHEN CONDUCTING AN IN-PHARMACY AUDIT AN AUDITING ENTITY SHALL:

25 (a) GIVE A PHARMACY AT LEAST FOURTEEN DAYS' WRITTEN NOTICE.

26 (b) NOT CONDUCT AN AUDIT DURING THE FIRST FIVE DAYS OF THE MONTH  
27 UNLESS THE PHARMACY OTHERWISE CONSENTS.

28 (c) PROVIDE THE PHARMACY A LIST OF ITEMS TO BE AUDITED THAT PROVIDES  
29 FOR IDENTIFICATION OF PRESCRIPTION NUMBER OR NUMBERS OR DATE RANGE THAT THE  
30 AUDITING ENTITY IS SEEKING TO AUDIT.

1 (d) WHEN CONDUCTING AN IN-PHARMACY OR DESKTOP AUDIT, LIMIT THE AUDIT  
2 TO CLAIMS THAT MAY NOT EXCEED TWO YEARS FROM THE EARLIER OF THE DATE THAT THE  
3 CLAIM WAS ADJUDICATED BY THE PHARMACY BENEFITS MANAGER.

4 2. AN IN-PHARMACY AUDIT OR DESKTOP AUDIT THAT INVOLVES CLINICAL OR  
5 PROFESSIONAL JUDGMENT SHALL BE CONDUCTED BY OR IN CONSULTATION WITH A  
6 PHARMACIST.

7 3. THE PHARMACY MAY USE THE RECORDS OF A HOSPITAL, PHYSICIAN OR OTHER  
8 AUTHORIZED PRACTITIONER TO VALIDATE THE PHARMACY RECORDS. THE VALIDATED  
9 RECORDS MAY BE OBTAINED VIA ELECTRONIC METHODS, FAX, PHONE OR WRITTEN  
10 PRESCRIPTION ORDERS AND DO NOT HAVE TO BE THE ORIGINAL HARD COPY PRESCRIPTION  
11 ORDER.

12 4. EACH PHARMACY SHALL BE AUDITED UNDER THE SAME STANDARDS AND  
13 PARAMETERS AS OTHER SIMILARLY SITUATED PHARMACIES IN THIS STATE.

14 B. WHEN CONDUCTING AN IN-PHARMACY AUDIT OR DESKTOP AUDIT, AN AUDITING  
15 ENTITY SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS:

16 1. THE AUDITING ENTITY SHALL BASE A FINDING OF OVERPAYMENT OR  
17 UNDERPAYMENT ON THE ACTUAL OVERPAYMENT OR UNDERPAYMENT AND NOT ON A  
18 PROJECTION BASED ON THE NUMBER OF PATIENTS SERVED WHO HAVE SIMILAR DIAGNOSES  
19 OR ON THE NUMBER OF SIMILAR ORDERS OR REFILLS FOR SIMILAR DRUGS, UNLESS  
20 REQUIRED BY FEDERAL OR STATE LAW.

21 2. THE AUDITING ENTITY MAY NOT RECOUP MONIES FROM THE PHARMACY FOR ANY  
22 CLERICAL ERRORS IDENTIFIED IN AN AUDIT.

23 3. ANY FINDING OF AN OVERPAYMENT MAY NOT INCLUDE THE DISPENSING FEE  
24 AMOUNT UNLESS ANY OF THE FOLLOWING CRITERIA ARE MET:

25 (a) A PRESCRIPTION WAS NOT RECEIVED BY THE PATIENT OR THE PATIENT'S  
26 DESIGNEE.

27 (b) THE PRESCRIBER DENIED AUTHORIZATION.

28 (c) THE PRESCRIPTION DISPENSED WAS A MEDICATION ERROR BY THE PHARMACY.

29 (d) THE IDENTIFIED OVERPAYMENT IS BASED SOLELY ON AN EXTRA DISPENSING  
30 FEE.

31 C. INTEREST MAY NOT ACCRUE DURING THE AUDIT PERIOD.

1           20-3323. Audit reports

2           A. THE AUDITING ENTITY MUST DELIVER A PRELIMINARY AUDIT REPORT TO THE  
3 PHARMACY WITHIN SIXTY DAYS AFTER THE CONCLUSION OF THE AUDIT.

4           B. A PHARMACY IS ALLOWED AT LEAST THIRTY DAYS AFTER RECEIPT OF THE  
5 PRELIMINARY AUDIT TO PROVIDE DOCUMENTATION TO ADDRESS ANY DISCREPANCY FOUND  
6 IN THE AUDIT.

7           C. EACH AUDITING ENTITY CONDUCTING AN AUDIT SHALL ESTABLISH AND MAKE  
8 AVAILABLE TO NETWORK PHARMACIES A WRITTEN APPEALS PROCESS UNDER WHICH A  
9 PHARMACY SHALL HAVE AT LEAST THIRTY DAYS FROM THE DELIVERY OF THE FINAL AUDIT  
10 REPORT TO APPEAL AN UNFAVORABLE AUDIT REPORT TO THE AUDITING ENTITY.

11           D. EACH AUDITING ENTITY SHALL PROVIDE A TELEPHONE NUMBER AT WHICH A  
12 NETWORK PHARMACY MAY CONTACT THE PHARMACY BENEFITS MANAGER AND SPEAK TO  
13 SOMEONE WHO IS RESPONSIBLE FOR PROCESSING APPEALS.

14           E. ALL CONTRACTS BETWEEN A PHARMACY BENEFITS MANAGER AND A NETWORK  
15 PHARMACY OR A PHARMACY BENEFITS MANAGER AND A PHARMACY'S CONTRACTING  
16 REPRESENTATIVE SHALL INCLUDE A PROCESS TO APPEAL, INVESTIGATE AND RESOLVE  
17 DISPUTES REGARDING FINAL AUDIT FINDINGS.

18           F. THE AUDITING ENTITY MUST DELIVER A FINAL AUDIT REPORT TO THE  
19 PHARMACY WITHIN NINETY DAYS AFTER RECEIPT OF THE PRELIMINARY AUDIT REPORT OR  
20 FINAL APPEAL, WHICHEVER IS LATER.

21           G. CHARGEBACKS, RECOUPMENT OR OTHER PENALTIES MAY NOT BE ASSESSED  
22 UNTIL THE APPEALS PROCESS HAS BEEN EXHAUSTED AND THE FINAL AUDIT REPORT HAS  
23 BEEN ISSUED.

24           H. UNLESS OTHERWISE REQUIRED BY STATE OR FEDERAL LAW, AUDIT  
25 INFORMATION MAY NOT BE SHARED. AUDITORS MAY HAVE ACCESS ONLY TO PREVIOUS  
26 AUDIT REPORTS ON A PARTICULAR PHARMACY CONDUCTED BY THAT SAME AUDITING  
27 ENTITY.

28           20-3324. Applicability

29           A. NOTWITHSTANDING ANY OTHER LAW, THIS ARTICLE APPLIES ONLY TO AUDITS  
30 CONDUCTED OF PHARMACIES LOCATED IN THIS STATE.

1           B. THIS ARTICLE DOES NOT APPLY TO CLAIMS REVIEWS THAT ARE INITIATED  
2           WITHIN THREE BUSINESS DAYS AFTER TRANSMISSION OF A CLAIM IN WHICH NO  
3           CHARGEBACK OR RECOUPMENT IS DEMANDED.

4           C. THIS ARTICLE DOES NOT APPLY TO AN AUDIT CONDUCTED IN WHICH A  
5           SUSPICION OF FRAUDULENT ACTIVITY OR OTHER INTENTIONAL AND WILFUL  
6           MISREPRESENTATION IS EVIDENCED BY PHYSICAL REVIEW, REVIEW OF CLAIMS DATA,  
7           STATEMENTS OR OTHER INVESTIGATIVE METHODS. THE REASON FOR AN AUDIT SPECIFIED  
8           IN THIS SUBSECTION SHALL BE DOCUMENTED AND AVAILABLE ON REQUEST.

9           Sec. 2. Applicability

10           This act applies to contracts entered into, amended, extended or  
11           renewed on or after December 31, 2016."

12 Amend title to conform

DAVID LIVINGSTON

2692LIVINGSTON

02/15/2016

12:03 PM

C: mjh

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - Second Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ INSURANCE \_\_\_\_\_ BILL NO. HB 2692

DATE February 17, 2016 MOTION: DPA S/E

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Coleman		X			
Mr. Larkin		X			
Mr. Lovas		X			
Ms. McCune Davis		X			
Ms. Otondo		X			
Mr. Robson		X			
Mr. Livingston, Vice-Chairman		X			
Ms. Fann, Chairman		X			
		8	0	0	0

APPROVED:

Karen Fann, Chairman  
KAREN FANN, Chairman

DAVID LIVINGSTON, Vice-Chairman

  
COMMITTEE SECRETARY

ATTACHMENT 7

ARIZONA STATE LEGISLATURE  
Fifty-second Legislature - Second Regular Session

COMMITTEE ATTENDANCE RECORD

COMMITTEE ON INSURANCE

CHAIRMAN: Karen Fann VICE-CHAIRMAN: David Livingston

DATE	2/17/16	/16	/16	/16	/16
CONVENED	10:07A. m	m	m	m	m
RECESSED					
RECONVENED					
ADJOURNED	10:23A.M.				
MEMBERS					
Mr. Coleman	X				
Mr. Larkin	X				
Mr. Lovas	X				
Ms. McCune Davis	X				
Ms. Otondo	X				
Mr. Robson	X				
Mr. Livingston, Vice-Chairman	X				
Ms. Fann, Chairman	X				

√ Present      --- Absent      exc Excused